

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

— PRINT CLEARLY —

ANSWER ALL QUESTIONS

COMPANY KERR TRUCKING, INC DATE COMPLETED _____

Name in Full _____
(Last) (First) (Middle) U.S. Soc. Sec. # _____

Present Address _____
(Number & Street) (City) (State & Zip Code) (Telephone)

Permanent Address _____
(Number & Street) (City) (State & Zip Code) (Telephone)

Applying for job as: _____
Full-Time _____ Part-Time _____ Date Available _____ Number of Years Experience _____

Salary Expected _____

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on the information you are providing on this form? If yes, please explain. _____

Can you, after employment, submit verification of your legal right to work in the United States? _____

Are you 18 years of age or over? _____

Who do we notify in case of emergency during working hours? _____
 Telephone Number _____

Have you any Relatives Employed by Company? Yes No If yes, give Names, and Position _____

Have you ever worked for this Company before? _____ Where? _____ When? _____

Are you now employed? _____ If so, may we inquire of your present employer? _____

Please list job-related organizations, clubs, professional societies, or other associations to which you belong—you may omit those which indicate your race, religious creed, color, national origin, ancestry, sex, or age. _____

Have you ever been convicted of a felony? (Such conviction will not necessarily disqualify you from the position applied for) _____

Have you ever been convicted of a misdemeanor which resulted in imprisonment within the last two (2) years? (Such conviction will not necessarily disqualify you from the position applied for) _____

EDUCATION

SCHOOLS	DATES ATTENDED FROM TO	NAME OF SCHOOL	ADDRESS	GRADUATE OR DEGREE?
Grade				
High				
College or University				
Business or Technical				
Other				

If you served in the military, list any skills learned which you feel are relevant to the position you are applying for _____

The ability to be bonded is a condition of hire.
 A photograph and a copy of your fingerprints may be required after employment.

REFERENCES (PERSONAL) OTHER THAN RELATIVES

NAME	ADDRESS (STREET - CITY - STATE)	OCCUPATION	YRS. ACQUAINTED

Owner Operators: Number of trucks _____; PUC# _____

Year	Make	Type	VIN Number	Registration #	State	Loss Payee

REFERENCES:

List a minimum of THREE people not related to you who can attest to your professional abilities and character.

Name	Address and Telephone Number	Occupation	Years Known

AUTOMOTIVE MAINTENANCE AND SHOP MECHANIC EXPERIENCE (for shop applicants only)

Diesel _____ Type _____ L.P.G. _____ Type _____ Gas _____ Type _____

Specialized in any Phase _____ i.e. Carburetors, Pumps, Front End, etc. _____

	Where	How Long
Body Builder _____	_____	_____
Fender & Body _____	_____	_____
Electrician _____	_____	_____
Trimmer _____	_____	_____
Lubrication _____	_____	_____
Axle, Frame & Brake Rep. _____	_____	_____
Welder _____	_____	_____
Tire Rebuilder _____	_____	_____
Tire Change & Repair _____	_____	_____
Painter _____	_____	_____
Machinist _____	_____	_____
Other, Explain _____	_____	_____

CLERICAL QUALIFICATIONS OF APPLICANT (For office applicants only)

How many Years-Months Experience on the following Machines: If Trained but not Experienced, Mark T.

Typing _____ Speed w.p.m. _____ Shorthand _____ Speed w.p.m. _____

Bookkeeping _____ Teletype _____

Switchboard _____ Comptometer _____ Calculator _____ Key Punch _____

How Many Years-Months Experience in the Following Departments:

Accounting _____	Billing _____	Claims _____	Secretarial _____
Accts. Payable _____	Computer _____	Traffic _____	Filing _____
Accts. Receivable _____	PBX _____	Sales _____	Teletype _____
Credits Collection _____	Payroll _____	Personnel _____	Transportation _____

(Give a complete record of all employment and reasons for periods unemployed during past (3) years. Start with most recent employment)

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

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Telephone									

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:

I authorize the employer or his agents to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and release employers and persons named herein from all liability for any damages on account of his furnishing such information.

I understand that misrepresentation or omission of facts called for on this employment application will, if hired, result in discharge.

Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party. The employer adheres to this section of the Labor Code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party without cause.

I certify that this application was completed by me and that all entries on it and information on it are true and complete. Furthermore, I have read and understand all of the conditions upon which this offer of employment is made.

_____ Date _____ Applicant's Signature

KERR TRUCKING, INC.

Phone 909-823-8559
Fax 909-823-8535

ICC MC 262488
CA 23783

14820 Washington Drive
Fontana, Ca 92335-6284

**Fax of Verbal
REQUEST FOR DRUG/ALCOHOL INFORMATION
FROM PREVIOUS EMPLOYER**

Fax Return to: (909) 823-8535

I hereby authorize the following information to **Kerr Trucking, Inc.** for the purpose of investigation as required by Section 391.23 of the Federal Motor Safety Regulations. You are released from any and all liability which may result from furnishing such information.

APPLICANT SIGNATURE

DATE

APPLICANT DO NOT WRITE BELOW LINE

TO: Company: _____

Contact: _____

Dear Sir or Madam:

The below named individual has made an application to this company for a position as a/an _____ and states that he/she was employed by you as a/an _____ from _____ to _____. We appreciate your time in completing, in confidence, the information requested below. Thank you for your courtesy.

Sincerely,
Kerr Trucking Inc.

Name of Employee: _____

Social Security Number: _____

1. Employed from _____ to _____ as _____ at wage or salary of _____.
2. What kind of trucks did he/she service for you? _____
Straight Truck _____ Tractor/Semitrailer _____ Bus _____
Other (Specify) _____
3. Was he/she a safe and efficient mechanic? _____
4. Reason for leaving your employ:
Discharged: _____ Resignation: _____ Lay-off: _____ Military
Duty: _____
5. Was his/her general conduct satisfactory? _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check in the appropriate column.

<u>CHARACTERISTICS</u>	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
Disposition, Tact, Ability to get along with others	_____	_____	_____	_____
Initiative, Resource- Fullness	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Loyalty	_____	_____	_____	_____

Any Other Remarks: _____

FORMER COMPANY'S DRUG/ALCOHOL INFORMATION RESPONSE:

_____ Yes, this former employee was involved in our company's DOT Drug/Alcohol Testing Program during his/her employment with our company.

_____ This individual tested negative on all drug and alcohol tests during his/her employment with our company.

_____ This individual tested "positive" while engaged in our drug/alcohol program. Please contact us for any further information of discussion.

_____ This individual refused to undertake a drug or alcohol test when requested.

_____ This company did not have a drug or alcohol program at the time of this driver's employment.

Signature: _____

Title: _____

Date: _____